

Parent Permission Release Form
Calvary Baptist Church of Santa Barbara
736 W. Islay St. CA 93101 (805) 569-0508

NAME _____ BIRTHDAY _____ YR. OF GRADUATION _____
FROM HIGH SCHOOL _____
SOCIAL SECURITY # _____
ADDRESS _____ HIGH SCHOOL _____
HOME PHONE () _____ WORK PHONE () _____

Authorization of Consent to Treatment of Minor:

(We), the undersigned, parent(s) of _____, a minor, do hereby authorize Calvary Baptist Church of Santa Barbara youth ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through the above named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Release of Calvary Baptist Church of Santa Barbara:

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Calvary Baptist Church of Santa Barbara, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney fees, reasonable investigative and discovery costs, court costs, and all other sums which Calvary Baptist Church of Santa Barbara, assertions of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Calvary Baptist Church of Santa Barbara, its agents, servants, employees, officers, and directors, by actions or omission by _____ (child's name).

PARENT _____ HOME PHONE _____
(signature) WORK PHONE _____

LEGAL GUARDIAN _____ PHONE _____

OTHER EMERGENCY CONTACT _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

INSURANCE CO. _____ IF NONE, PLEASE CHECK _____

INSURANCE POLICY #, OR GROUP # _____

KNOWN MEDICAL CONDITIONS _____

MEDICATION _____

ALLERGIES _____

LAST TETNUS IMMUNIZATION _____

WILL YOU ALLOW BLOOD TRANSFUSIONS? _____

CONTACT LENSES? _____